

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund		FEC IDENTIFICATION NUMBER ▼ C C00488742	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee National Association of REALTORS			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 29 / 2014		
Mailing Address 430 N Michigan Ave			Amount 200.00		
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : E3DC5C03B2A5B46CD997		
Purpose of Expenditure Consulting Services		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Rep. Mike Simpson		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President		District: 02 State: ID
Calendar Year-To-Date Per Election for Office Sought 149097.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Majority Strategies			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 29 / 2014		
Mailing Address 135 Professional Dr Ste 104			Amount 101397.00		
City Ponte Vedra Beach	State FL	Zip Code 32082-6277	Transaction ID : EB6D40CE8ADD6420D86/		
Purpose of Expenditure Direct Mail Costs		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Rep. Mike Simpson		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President		District: 02 State: ID
Calendar Year-To-Date Per Election for Office Sought 149097.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	101597.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael McGrew

[Electronically Filed]

Date

MM / DD / YYYY
04 / 29 / 2014

Signature

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(Schedule E)

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FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund		FEC IDENTIFICATION NUMBER ▼ C C00488742	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Public Opinion Strategies, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 29 / 2014	
Mailing Address 214 N Fayette St		Amount 17500.00	
City Alexandria	State VA	Zip Code 22314-2433	Transaction ID : E29FFABBB984B464297D
Purpose of Expenditure Polling Expenses		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Rep. Mike Simpson		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID
Calendar Year-To-Date Per Election for Office Sought 149097.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	17500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	119097.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael McGrew

[Electronically Filed]

Date

MM	DD	YYYY
04	29	2014

Signature